Are We Making the Same Mistakes British Doctors Made?

This British GP Thinks So

Almost every doctor who visits England comes back wanting to write an article or give a speech about socialized medicine. Because there has been so much said so many times on the subject, it has lost much of its interest.

Yet, the headquarters of the California Academy of General Practice in San Francisco recently had a visitor from England who had some startling, frightening

things to say of interest to every American doctor.

The visitor was Dr. Alastair J. Marshall, Luton, England, who is visiting in this country under a Ford Foundation Grant. As an area executive in the British Medical Association and on the executive area council (one-third physicians, two-thirds laymen) for the national health system, Dr. Marshall can competently speak on this subject. Here are some of the questions presented to Dr. Marshall by the Academy's Executive Secretary Bill Rogers.

Did the doctors try to get together to present a united front against socialization?

Indeed they did. The British Medical Association polled the doctors and stated the act was completely unacceptable. In an initial poll only 17 per cent indicated they might favor or go along with the national health act.

When the government was faced with the prospect that 83 per cent weren't going to participate, what did it do?

They shot back at the B.M.A. saying they proposed to go ahead with the 17 per cent who would participate. They pointed out to the negotiators that the first people signing up would be given immediate seniority, that pensionable rights would be from that day. But the thing that really bulldozed the doctors was that during a very limited period the government offered to buy the "goodwill" of the practices of doctors who would sign up. When they re-polled the doctors after this was announced 47 per cent said they would sign up.

Do you have any idea how many of the doctors are specialists in England?

About one-seventh or one-eighth are specialists.

Has nationalization had any effect upon the number of doctors entering general practice or the specialties?

Initially there was a rush of people into specialty ranks because it appeared they were going to do considerably better. Now, everything is in a state of confusion. These young people having spent as many as 10 years as registrars (they work in hospitals as residents at a very low salary) find there are no jobs available. Many of them would like to get into general practice but find that general practitioners aren't anxious to have them either. The internists have the biggest problem.

The average GP in this country does obstetrics, pediatrics, common surgery and medicine. How does this compare with the GP in England?

Well, we do no surgery at all—the specialists have succeeded in seeing that no general practitioner has access to any hospital. The people are now conditioned to expecting specialist surgery. We do obstetrics. Most of it. That's not because the government thinks it's a good idea but there have been no hospitals built and there are no places to put these people. We know their intention is to take obstetrics away from us too once they get hospitals built.

How many GP's had hospital privileges before the government took over?

Many.

I've heard you have a bed shortage. Do you agree?

Yes! Our patients expect to wait two years for the removal of tonsils, two or three years for a chronic appendix; they will certainly wait that long for a gall bladder or a gastrectomy. Emergency surgery is done just as it was before when it is needed.

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You would think this would produce a lot of private work.

True, but it is mostly in the consultative field.

Do you think socialization was forced mostly by the Labor government?

No. They brought it in but it was a coalition government that started the program. Winston Churchill himself welcomed the advent of the national health service.

How have drug manufacturers fared under socialization?

Initially, very well. Now they are finding more of a "hard sell." The first few years it was wide open and anybody could prescribe anything they liked. As soon as costs rocketed the government made restrictions. Now doctors are very wary about prescribing new products since the doctors may end up having to pay for the drug themselves The drug companies must enter into price agreements. In fact we get directives not to use certain drugs because the companies have not entered into agreement.

How many patients a day do you see now—how many were you seeing before?

Because of my commitments I have a full list and have 3,600 patients. Any patients above that I'm not paid for. Sometimes I'm forced to take on new patients such as when twins are born to a family and if I'm a friend of theirs and want them to remain as my patients. I get in my office around 8:30 in the morning and will work until noon and will see 40 to 50 patients. I'll certainly see 50 or 60 in the evening. I'll have 20 to 30 home visits. This makes a total of about 120 to 140 a day. In the old days I used to see around 35.

What's the basis of your payment?

I'm paid solely on the basis of number of patients on my list, not the amount of work I do. Besides this we're paid 65 cents for a series of immunizations and we receive a delivery fee of \$21. There is nothing else we get paid for.

If the government doesn't like the way you practice what can they do about it?

They can fine you after a warning. They'll do this if a patient complains you were rude, wouldn't make a house call or if the government inspectors don't find your office up to par. They will also fine you for prescribing a drug which is not approved by them.

Are hypochondriacs a problem?

They're a dreadful problem. We're knee-deep in them. The national health system has increased the neurotics considerably.

Why don't you refer some of these patients to a psychiatrist?

It's almost impossible to find one. The psychiatrists are few and far between.

But you can dismiss patients, can't you?

Yes, but I have to consider my pocketbook, family—and reputation.

Do you think the majority of the public is satisfied?

This is difficult to assess because of the conditioning everybody had with the emergency medical service during the war. I don't think they are satisfied or dissatisfied. The majority just don't seem to care.

Under such a plan as this people are getting more medical care than ever before. If you discount what it's costing do you think they're getting better care than prior to 1948?

Oh no. The over-all care probably is better because of those who couldn't afford any kind of care before. But almost every doctor will admit that the quality of his work has deteriorated, simply because of the mass of people that seek medical advice even for the most trivial complaints.

What effect has this had on medical educcation?

Well, the government was smart. When the national health act first came in they also brought in an education act which made it easier for anyone to go into medicine. In the last two years it has become very apparent this lovely "springtime" has fallen flat. Now there is a falling off of people going into medicine. I would certainly not advise my son to go into medicine today.

Where do you feel you British doctors made your biggest mistake in letting the government take over?

We were not unified and simply didn't stand firm against the government. Our lines were broken here, there and everywhere. We all feel the government would never have gone ahead with this system if we had any unification within our ranks. But ours being an individualistic profession everybody had ideas of their own and you never could get three people to agree with each other.

How effective has the B.M.A. been in getting reforms and improvements?

Rather ineffective. The trouble is it's always approached the government completely on *ethical* lines.

Now about 80 per cent of the doctors belong to what we call a "guild." I suppose you might call it a union, but we don't like that term for a professional group. Because of its charter the B.M.A. is not allowed to participate in politics and that's the reason we had to form the guild. The B.M.A. could have been much more effective if it had the power we have given to this British Medical Guild.

How does the guild work?

It really hasn't had an opportunity to work yet. Each doctor, however, has signed a firm pledge that he will abide by the actions of the guild. If doctors are going to let each other down, then we might as well forget about the whole thing. If the guild should ask its members to resign in any given area, it will upset the entire national health plan and will be a very strong bargaining force. We'd continue to see our patients, of course, at a very low fee but would refuse to do any of the paper work. The doctors in the rest of the country would be contributing to the general fund of the guild to help support the doctors who won't be receiving anything from the national health fund. We have just about discovered the only way to fight a government is through trade union rules.

As in England there are a few doctors in this country who would not oppose government control in medicine. What advice would you give to the majority who want to see freedom in medical practice maintained?

I only wish that the A.M.A. could finance a tour to send those doctors (who would favor a national health service) to England. Idealistically it's a wonderful thing that everybody can have free medical care and attention. But in practice it just doesn't work. The cost has rocketed about three times what it was thought the maximum costs would be. The government obviously didn't realize so many people would take advantage of it and take advantage of it so often.

What would you guess the gross annual income is for a general practitioner?

As a single practitioner his gross would probably be between \$8,000 and \$10,000 a year. Out of this he would have to pay for his office, equipment, car, his secretary, utilities and tax which would bring him down to a net of \$5,000 to \$6,000 a year. In a group a doctor can do better since he shares expenses.

What about the incomes of specialists?

From the government most of them get, depending on the amount of hours they put in, around \$10,000 a year. This gives them quite a bit of free

time for consultative practice so they can do much better. Oddly enough they get the same income no matter what their specialty is. The eminent brain surgeon will receive just as much as a dermatologist. Internists have the biggest problem since there are many more of them than there are positions open. Those working in the hospitals waiting for a consultative post to open (some have now been waiting ten years) make around \$5,000 a year.

From your travels in this country do you feel we are following in your footsteps?

Unfortunately, yes. I feel the same pattern is reproducing itself here. And what is more I have seen very little evidence of your profiting by our mistakes. There is a similarity in the way governments work and you could learn much from our example.

I know you are acquainted with our Forand Bill. From your experience how do you think American doctors should approach this type of legislation?

If American doctors don't feel this is the best type of medicine for their patients they should oppose it now. But you can't do this unless you're unified—and you are *not* unified. If you Americans benefit from our experience you'll remember the words of your own Ben Franklin: "We must all hang together, or assuredly we shall all hang separately."

What is your hope for the future as far as England is concerned?

I think it's more than a hope. Within the next two years there will have to be considerable modification or we will quit. Having had 10 years of this we are much more united now than we were in 1948. At this very moment the government and the medical profession have reached a deadlock. We were on the verge of a walkout when the government set up a Royal Commission (an independent body of prominent lay citizens) to appraise the entire program. We are now waiting for the report of the commission to see what we'll do.

Do you think most British doctors would share the views you've just expressed?

Definitely. I prepared a talk expressing most of these views before I left. To get reactions I showed a copy to both a conservative and then to a very socialistic minded doctor. Both agreed with everything I said. But this was what was interesting. The conservative added: "If you have any influence on American doctors you will be moving them along toward socialism." While the socialist exclaimed: "If American doctors should really take to heart what you've said, socialization of medicine in the United States could be set back 50 years."

Council Meeting Minutes

444th Meeting

Tentative Draft: Minutes of the 444th Meeting of the Council, Los Angeles, Statler Hilton Hotel, January 10 and 11, 1959.

The meeting was called to order by Chairman Lum in the Boston Room of the Statler Hilton Hotel, Los Angeles, on Saturday, January 10, 1959, at 5:00 p.m.

Roll Call:

Present were President West, President-Elect Reynolds, Speaker Doyle, Vice-Speaker Heron, and Councilors Wheeler, Todd, Foster, O'Neill, Kirchner, O'Connor, Shaw, Pearman, Harrington, Davis, Sherman, Lum, Bostick and Teall. Absent for cause, Secretary Daniels, Editor Wilbur and Councilor MacLaggan.

A quorum present and acting.

Present by invitation were Messrs. Hunton, Thomas, Clancy, Whelan, Marvin and Collins and Dr. Walter Batchelder and Mrs. Margaret Griffith of C.M.A. staff; Messrs. Hassard and Huber of legal counsel; Messrs. Read and Salisbury of the Public Health League of California; county society executives Rosenow, Field and Pettis of Los Angeles, Bannister of Orange, Nute of San Diego, Geisert of Kern, Neick of San Francisco, Thompson of San Joaquin, Donovan of Santa Clara and Dermott of Sonoma; and numerous physicians as officers of county societies and in other capacities, including Doctors Roberta Fenlon, E. E. Wadsworth, Jr., Malcolm Merrill, O. C. Railsback, Justin J. Stein, J. J. Crane, Lewis Bullock, Dudley Bell, Robert L. Day, Herman Stone, George J. Budd, John R. Peterson, George Maner, William Gardenier, Horace Sharrocks, Thomas J. Rossitto, William F. Quinn, and others.

1. Minutes for Approval:

On motion duly made and seconded, minutes of the 443rd meeting of the Council, held December 13, 1958, were approved.

2. Membership:

(a) A report of membership as of January 8, 1959, was presented and ordered filed.

The executive secretary reported that the Association's membership as of December 31, 1958, indicated the possibility of an allotment of one additional delegate to the American Medical Association in 1959.

(b) On motion duly made and seconded in each instance, three applicants were voted Associate membership. These were: Louis E. Blachman, Donald L. Martinson and Hume Anthony Thomason, Los Angeles County.

- (c) On motion duly made and seconded in each instance, four applicants were voted retired membership. These were: Stuart A. Cameron, E. C. Ehlers, San Bernardino County; K. S. Eymundson and Marius A. Francoz, San Francisco County.
- (d) On motion duly made and seconded, reductions of dues were voted for six members because of illness or postgraduate study.

3. Financial:

- (a) A report of bank balances, loans, etc., as of January 8, 1959, was presented and ordered filed.
- (b) Dr. Heron, chairman of the Finance Committee, presented a budget for the 1959-1960 fiscal year which had been considered by the committee. Discussion was held on various items in the budget and it was agreed that it would come before the Council at the next meeting for approval. It was also agreed that copies should be forwarded to the members of the appropriate committee of the 1959 House of Delegates for their review prior to the 1959 Annual Session.

4. Commission on Medical Services:

- (a) Councilor Harrington reported on a meeting held with pharmaceutical representatives, at which agreement was reached on limitations on antibiotics prescriptions in public welfare cases and also on the maximum cost of prescriptions in such cases.
- (b) Mr. Hassard reported, in behalf of Dr. Cox, that it was proposed to present to the Industrial Accident Commission of the State of California a request for an upward revision of portions of the fee schedule applicable to industrial injury cases and that actuarial services would be required in this connection.

On motion duly made and seconded, it was voted to authorize the Commission on Medical Services to prepare and present to the Industrial Accident Commission an application for a revision upward of portions of the minimum medical fee schedule.

On motion duly made and seconded, it was voted to authorize the Commission on Medical Services to retain the firm of Coates, Herfurth & England as actuarial consultants in connection with this application.

(c) Mr. Thomas reported that a subcommittee of the Committee on Rehabilitation seeks to determine the need for rehabilitation facilities and, to this end, wishes to use the services of a consultant, at no cost, to assist in preparing the outline of an investigative procedure and an application for supporting funds from an outside foundation. After discussion, this procedure was approved.

5. Commission on Public Health:

Dr. Bostick reported on the consideration already given to matters concerned with student health pro-

grams in state colleges and suggested that this matter be referred to the Committee on School Health. On motion duly made and seconded, this referral was approved.

6. Commission on Professional Welfare:

Dr. Kirchner reported that a proposed article on tetanus immunization had been prepared and suggested that it be referred to the editor for possible inclusion in California Medicine. On motion duly made and seconded, this proposal was approved.

7. Public Relations:

Mr. Ed Clancy reported, also on tetanus immunization, that a report on a program of immunization put on by the Orange County Medical Association was in preparation and copies would be sent to all members of the Council.

8. Committee on Committee Nominations:

Dr. Bostick presented the committee's proposed list of commission and committee nominations, which, after discussion, was approved. On motion duly made and seconded, it was voted to discontinue the Committee on Medical Economics and the Committee on Medical Education and Hospitals, since the functions of those committees were adequately covered by other committees. It was also agreed that the Committee on Blood Banks should meet during the coming year to reevaluate its functions and report back to the Committee on Committee Nominations.

Dr. Bostick also reported that Doctors Frank West (chairman), E. E. Wadsworth, Jr. and Bert Halter had accepted appointment to a special committee to work on the subject of physicians' hospital relations and to maintain liaison with the California Hospital Association.

Dr. Bostick also reported that Doctors Paul I. Hoagland and Bert Halter and Mr. Guy W. Wadsworth, Jr. had been selected for nominations to succeed themselves as members of the Board of Trustees of California Physicians' Service and Doctors Angus C. McDonald of Los Angeles and John E. Vaughan of Bakersfield had been chosen to be nominated for this board in place of two physician members not eligible for reappointment to the board. On motion duly made and seconded, these nominations were approved.

9. Legal Department:

Mr. Huber reported on a suit filed in federal court in which the Association is named as one defendant. Legal counsel will handle the case.

10. Representation at A.M.A. Meetings:

On motion duly made and seconded, it was voted to include the President, President-Elect and Council Chairman or his designate among those attending meetings of the American Medical Association and to adjust the 1959-1960 budget accordingly.

11. State Department of Public Health:

Dr. Malcolm Merrill, State Director of Public Health, reviewed some of the topics included in the 1958 annual report of his department. These included receipt of a grant of \$160,000 for a study of childhood accidents, which claimed the lives of 1,100 children under the age of 15 years in 1958. They also showed a decline to only four cases of human rabies from dog bites, compared with 47 in 1957 and 146 in 1956. Both birth and death rates were slightly lower than in 1957. Poliomyelitis immunizations appeared to be about 85 per cent effective for those who completed the series of three shots.

On motion duly made and seconded, it was voted to affirm the action taken by the A.M.A. House of Delegates on December 4, 1958, in regard to physicians and state and county medical associations cooperating with public health authorities to secure a greater public participation in polio immunization campaigns.

12. Office of Coroner, Los Angeles County:

Dr. George Maner of Los Angeles reported on charges which have been filed against the coroner of the county and which, if sustained in court, would prohibit pathologists from retaining portions of tissue taken during postmortem examinations.

He suggested that legislation to clarify the authority of pathologists to retain such tissues be introduced into the State Legislature and, on motion duly made and seconded, this proposal was approved.

On motion by Dr. Bostick, duly seconded, the following resolution was adopted:

WHEREAS, In the conduct of postmortem examinations by pathologists or other physicians, either in hospital practice or in coroners' offices, it is essential that tissue specimens be retained or stored for microscopic examinations or other examinations, and be available either for review by other physicians, or by the parties in case of litigation, or for verification of findings; and

WHEREAS, Destruction of such tissue specimens and stained microscopic sections and paraffin blocks would impede the development of pathology, limit the scope of examination and scientific investigation as to the causes of death and thus be detrimental to medical progress and not in the best interests of the public health; and

WHEREAS, Under certain circumstances the destruction of such tissue specimens, stained microscopic sections and paraffin blocks would deny to the parties in case of litigation the right of review of vital evidence and thus thwart the purposes of justice; and

WHEREAS, The destruction of such vital evidence would be detrimental to the public welfare and the administration of justice; therefore, be it

Resolved: That the California Medical Association condemns such practices and pledges to use its moral influence and such other resources as it may deem advisable, in defense of the principle that in the conduct of postmortem examinations, microscopic examination and retention of tissue specimens is essential to the best interest of the public health, public welfare and medicine.

On motion duly made and seconded, it was voted to support the medical examiner system in which certified pathologists are in charge of postmortem examinations.

On motion duly made and seconded, it was voted that

- 1. The C.M.A. Council approves the efforts of the Los Angeles County Medical Association in support of the pathologist system of coroners' office operations; and
- 2. The C.M.A. Council stands ready to indemnify the Los Angeles County Medical Association for expenses incurred in this effort.

13. Committee on Postgraduate Activities:

At the request of Councilor Foster, Dr. Edward C. Rosenow, Jr., chairman of the Committee on Postgraduate Activities, reported that an adverse reaction had been received from some medical schools on the Council's earlier decision to allow commercial exhibits at postgraduate institutes.

On motion duly made and seconded, it was voted to reconsider the action taken earlier.

On motion duly made and seconded, it was voted to revert to the policy position in effect in earlier years, providing that commercial exhibits shall be permitted at postgraduate institutes if the exhibitors and their products are first cleared through the Advertising Committee and if all funds accruing from such exhibits come to the Association.

14. Legislation to Benefit the Aged Population:

Dr. Reynolds discussed the alternatives open to the medical profession in facing the anticipated introduction of legislation to provide special medical and hospital services for the segment of the population above the age of 65 years. On motion duly made and seconded, the following resolution was adopted:

Resolved: That a committee of not more than five members of the Council be appointed for the purpose of

1. Conferring with interested insurance companies,

- 2. Conferring with appropriate committees of the C.M.A. and administrative staff,
- 3. Conferring with the hospital association and other ancillary professional organizations in order to propose to the House of Delegates a positive program on the part of the C.M.A. for development of an over 65 age group program to meet the proven needs for medical and hospital care of the aged population;

This committee to report to the next Council meeting.

Chairman Lum read a message received from an insurance carrier which has introduced a contract for medical and hospital service costs for the aged population. On motion duly made and seconded, it was voted to refer this message to the Commission on Medical Services.

Adjournment:

There being no further business to come before it, the meeting was adjourned at 12:50 p.m.

DONALD D. LUM, M.D., Chairman JOHN HUNTON, Acting Secretary

445th Meeting

Tentative Draft: Minutes of the 445th Meeting of the Council, Sheraton-Palace Hotel, San Francisco, February 21 to 25, 1959.

The meeting was called to order by Chairman Lum in the French Parlor of the Sheraton-Palace Hotel, San Francisco, on Saturday, February 21, 1959, at 9:30 a.m.

Roll Call:

Present were President West, President-Elect Reynolds, Speaker Doyle, Vice-Speaker Heron, Editor Wilbur and Councilors MacLaggan, Wheeler, Todd, Foster, O'Neill, Kirchner, O'Connor, Shaw, Pearman, Harrington, Davis, Sherman, Lum, Bostick and Teall. Absent for cause, Secretary Daniels.

A quorum present and acting.

Present by invitation were Messrs. Hunton, Thomas, Clancy, Collins, Marvin, Whelan and Salisbury and Dr. Batchelder of C.M.A. staff; Messrs. Hassard and Huber of legal counsel; Ben H. Read of the Public Health League; county society executives Scheuber of Alameda-Contra Costa, Jensen of Fresno, Rosenow, Pettis and Field of Los Angeles, Bannister of Orange, Foster of Sacramento, Nute of San Diego, Neick of San Francisco, Thompson, Pearce and Monnich of San Joaquin, Wood of San Mateo, DeVere of Stanislaus, Donovan and Colvin of Santa Clara; Doctors A. A. Morrison, A. E. Larsen and William Gardenier of California Physicians'

Service; William Rogers of the California Academy of General Practice; Doctors J. J. Stein and Dan Morton of the dean's office of UCLA; Dr. Malcolm Watts of the dean's office of UC; Dr. Marshall Porter, State Director of Mental Hygiene; Doctors Dan O. Kilroy, Carl Moore, John Vaughan, Clarence H. Albaugh, Elizabeth Mason-Hohl and other physicians who attended portions of the meeting.

1. Minutes for Approval:

On motion duly made and seconded, minutes of the 444th meeting of the Council, held January 10-11, 1959, were approved.

2. Membership:

- (a) A report of membership as of February 17, 1959, was presented and ordered filed.
- (b) On motion duly made and seconded, seven delinquent 1958 members were voted reinstatement.
- (c) On motion duly made and seconded in each instance, 28 applicants were voted Associate Membership. These were: Wm. L. Anderson, Dell F. Dullum, Jack F. Ehle, Golda Fischer, Wm. F. Knowles, John W. Thomas, Hans J. Zwang, Alameda-Contra Costa Counties; Philip Winsor, Louis E. Blachman, Louis Hertz, Donald L. Martinson, H. A. Thomason, Joseph T. Crockett, Eugene A. Hickman, Vahe Meghrouni, Gail Victor Anderson, Shannon D. Brunjes, Keith H. Kelly, Johanna Eliz. Lund, Dean LaRoche Moyer, Jesse L. Steinfeld, Kouichi R. Tanaka, Raymond H. Ten Pas, Ruth Perkins Walter, Robert H. Yonemoto, Los Angeles County; Edward E. Eklund, Napa County; Thomas W. Kyddson, Sacramento County; and Sidney B. Clark, San Diego County.
- (d) On motion duly made and seconded in each instance, 12 members were voted Retired Membership. These were: Frederic W. Burcky, Herman W. Covey, Edwin H. Hall, Earl K. Pfaff, Leroy B. Sherry, Los Angeles County; Leo L. Stanley, Marin County; W. F. Kistinger, Orange County; R. R. Newell, Wm. Francis Shaw, San Francisco County; Clifford F. Jones, Santa Barbara County; Robert Allen Powers, Santa Clara County; and Catherine M. Quinlan, Sonoma County.
- (e) On motion duly made and seconded in each instance, 22 members were voted a reduction of dues because of illness or postgraduate study.

3. Financial:

- (a) A report of bank balances, loans, etc., as of February 17, 1959, was presented and ordered filed.
- (b) A proposed budget for the 1959-1960 fiscal year was presented by the Finance Committee and, after discussion and on motion duly made and seconded, was approved for presentation to the House of Delegates.

4. By-Law Amendments:

Discussion was held on several proposed By-Law amendments, all intended to adjust technical requirements and to establish a new organization of commission and committee activities.

On motion duly made and seconded, in each instance, the following proposed By-Law amendments were approved for presentation to the House of Delegates:

- (a) Chapter VII, Section 3, paragraphs (c) and (d), relating to appointments to Commissions and Committees.
- (b) Chapter VII, Section 5, paragraph (b), relating to appointments to commissions and committees.
- (c) Chapter VII, Section 9, paragraphs (b), (c), (d), and (e), relating to a realignment of commissions.

5. Supplemental Report of the Council:

Dr. Reynolds presented the report of his special committee to consider methods of providing medical care for aged citizens. This report, after discussion and amendment, and on motion duly made and seconded, was approved as a supplemental report of the Council for presentation to the House of Delegates.

6. California Physicians' Service:

Dr. Arlo A. Morrison, chairman of California Physicians' Service, reported that C.P.S. had developed, at the request of Dr. Reynolds' committee (item 5) a program for the provision of physicians' services to the older age group, based upon fees at a \$5 factor, on which 60 per cent would be paid to physicians, and embracing co-insurance on the basis of the member paying a nominal sum for each visit. C.P.S., he stated, would plan to offer this coverage in two areas for a trial period, would agree to subsidize the program up to losses of \$100,000 (if incurred) and would request the Association to furnish further subsidy if needed. Dr. Morrison also suggested that the Association cooperate with the American Association of Retired Persons, an organization which is currently arranging medical care coverage for 300,000 persons.

On motion duly made and seconded, it was voted to commend Dr. Morrison and California Physicians' Service for the report and the cooperation offered.

7. Council, Commission, Committee Procedures:

Mr. Hassard presented a set of standing rules proposed for the conduct of Council, commission and committee procedures. After discussion, on motion duly made and seconded, these procedures were adopted, subject to an addition of a section which would organize the delegation to the A.M.A. on a similar basis.

8. Association of American Physicians and Surgeons:

- (a) Discussion was held on the request of a county health officer for an expression of opinion on the fluoridation of water. On motion duly made and seconded, it was voted to reaffirm the previous decision of Council in favor of the fluoridation of communal water supplies.
- (b) On motion duly made and seconded, it was voted not to sponsor an essay contest developed by the Association of American Physicians and Surgeons.
- (c) On motion duly made and seconded, it was voted not to provide exhibit space for the Association of American Physicians and Surgeons.

9. Free Choice of Physician:

Discussion was held on questions which the American Medical Association had posed to state societies on their attitudes toward possible inflexibility in upholding the principle of free choice of physician. On motion duly made and seconded, it was voted to utilize for this purpose two of a set of guides developed by the Commission on Medical Services which includes the following language:

"The patient's right freely to select or change his physician should be preserved in the patient's interest and any interferences or restriction on the patient that is adverse to his welfare should be opposed.

"Physicians must have the right to select their method of practice, without coercion, provided they respect legal and ethical rules."

10. Tetanus Immunization:

Editor Wilbur discussed an article on tetanus immunization which had been submitted for publication in California Medicine and proposed as a part of a public campaign to secure additional immunizations; he also discussed the possibility of treating the subject editorially rather than as a scientific article. On motion duly made and seconded, it was voted to prepare an editorial on tetanus immunization.

11. Los Angeles Physicians Aid:

Dr. Clarence H. Albaugh, representing Los Angeles Physicians Aid, reported that that organization was planning construction of a nursing home for the care of aged physicians. Additional financing in the amount of \$100,000 would be required and he requested that Physicians' Benevolence Fund, Inc., consider making a loan in that amount. Inasmuch as this is a separate corporation, which had a meet-

ing planned on February 25, Dr. Albaugh agreed to present the request at that meeting.

12. Delegates to the A.M.A.:

Dr. Eugene Hoffman requested the Council to bring before the House of Delegates a resolution of appreciation for the many past services rendered by Dr. E. Vincent Askey of Los Angeles. On motion duly made and seconded, it was unanimously voted to prepare such a resolution, to place it before the House of Delegates and to prepare a scroll to be presented to Dr. Askey at the time of the next A.M.A. meeting.

13. Commission and Committee Nominations:

Councilor Bostick, chairman of the committee on nominations, presented the committee's list, which on motion duly made and seconded, was voted approval for presentation to the House of Delegates.

14. Committee on Legislation:

Dr. Dan O. Kilroy, chairman of the Committee on Legislation, reported that federal officials have proposed that the needy disabled be added to the categories of those now benefiting under the social welfare health care program. No action taken.

15. CALIFORNIA MEDICINE:

Editor Wilbur reported that the editorial board had proposed several changes in the content of the journal, including additional scientific editorials, clinical pathological conferences and other items. He discussed the difficulties involved in securing some of this material. He also suggested that a series of articles on the functioning of the Association be prepared and that commission and committee reports, after approval by the Council, be printed. Dr. Wilbur also suggested that a representative of each medical school be added to the editorial board as a source for additional scientific material and asked that consideration be given to the possibility of converting California Medicine into a regional, rather than a state, journal.

16. Commission on Medical Services:

- (a) Dr. Francis J. Cox, chairman of the Commission on Medical Services, presented a set of principles for the guidance of the Association in its dealings with various aspects of prepaid health insurance. On motion duly made and seconded, the principles (see page 290 of this issue, CALIFORNIA MEDICINE) were approved:
- (b) On motion duly made and seconded, approval was voted for the report of the Committee on Indigent and Aged.
- (c) On motion duly made and seconded approval was voted for the report of the Committee on Rehabilitation.

17. Cancer Commission:

Dr. Davis presented a resolution adopted by the Cancer Commission on exfoliative cytology and requested Council approval. On motion duly made and seconded, the resolution was amended. The chairman was requested to submit it, as amended, as an emergency item in the House of Delegates.

18. Committee on Insurance:

- (a) Dr. Homer Pheasant, chairman of the Committee on Insurance, reported that the 1958 experience under the Association's disability insurance program had shown a loss ratio of 61 per cent and that an increase in benefits might be sought in the future. It was regularly moved, seconded and voted to approve this plan.
- (b) Dr. Pheasant also reported that a definite offering of a group major hospitalization insurance plan was about ready for compiling and presentation to county secretaries, after which the program will be presented to the Council.

19. Legal Department:

Mr. Hassard reported that the Association's share of reimbursement for the cost of maintaining scientific administration of the office of coroner had amounted to \$1,625. On motion duly made and seconded, it was voted to pay this sum.

Mr. Hassard also reported that an insurance broker had requested the use of the C.M.A. mailing list for an offering of insurance to provide reimbursement for days spent in court in lawsuits. On motion duly made and seconded, it was voted that the regular policy of denying the use of the mailing list for commercial purposes be followed.

20. Interprofessional Institute:

A report by Dr. Batchelder on his meeting with allied professional representatives under the sponsorship of the State Department of Public Health, was reviewed. It was proposed that an interprofessional institute be established for the purpose of exploring the relationship between human and animal medicine, especially in disease entities which might be transmittable from animals to humans. On motion duly made and seconded, it was voted to participate in this proposal and to authorize Dr. Batchelder to represent the Association at meetings.

Adjournment:

There being no further business to come before it, the meeting was adjourned at 9:00 a.m., Wednesday, February 25, 1959.

DONALD D. LUM, M.D., Chairman JOHN HUNTON, Acting Secretary

446th Meeting

Tentative Draft: Minutes of the 446th Meeting of the Council, San Francisco, Sheraton-Palace Hotel, February 25, 1959.

The meeting was called to order by Chairman Lum in the California Room of the Sheraton-Palace Hotel, San Francisco, on Wednesday, February 25, 1959, at 5:15 p.m.

Roll Call:

Present were President Reynolds, President-Elect Foster, Speaker Doyle, Vice-Speaker Heron, Editor Wilbur and Councilors MacLaggan, Wheeler, Todd, Quinn, O'Neill, Kirchner, O'Connor, Shaw, Gifford, Harrington, Davis, Sherman, Campbell, Lum, Bostick and Teall. Absent for cause, Secretary Daniels.

A quorum present and acting.

Present by invitation were Messrs. Hunton, Thomas and Clancy and C.M.A. staff; Messrs. Hassard and Huber of legal counsel, and Doctors Elizabeth Mason-Hohl and Clarence H. Albaugh.

Welcome to New Members:

Chairman Lum extended a welcome to Dr. Paul D. Foster, newly-elected President-Elect, and Doctors William F. Quinn of Los Angeles, Byron L. Gifford of Santa Barbara and Donald M. Campbell of San Francisco, new Councilors.

1. Election of Council Officers:

- (a) On nomination duly made and seconded, Dr. Donald D. Lum was elected Chairman.
- (b) On nomination duly made and seconded, Dr. Samuel R. Sherman was elected Vice-Chairman.

2. Appointments:

(a) On nominations duly made and seconded in each instance, the following were appointed to the positions shown opposite their names:

Editor Dwight L. Wilbur Executive Secretary . . . Mr. John Hunton Legal Counsel . . Peart, Baraty & Hassard

- (b) The chairman, the council concurring, announced the following appointments:
- 1. Finance Committee: Ivan C. Heron, chairman; Samuel R. Sherman; Burt L. Davis.
- 2. C.P.S. Board of Trustees: Ivan C. Heron, Burt L. Davis and Gerald W. Shaw.
- 3. Advertising Committee: Robertson Ward, chairman; Eugene Hopp, Allen T. Hinman, W. Dayton Clark, Ralph Weilerstein.

3. Kern County Nursing Home:

Discussion was held on the proposal of the Board of Supervisors of Kern County to construct and operate a nursing home in the county. On motion duly made and seconded, it was voted to refer this matter to the ad hoc Committee on the Aging, under the chairmanship of Dr. Reynolds.

4. Standing Rules for Council, Commissions, Committees:

On motion, the standing rules were amended to include the Delegates to the American Medical Association on the same basis as commissions and committees.

It was also agreed that a set of guides should be prepared for members of the C.M.A. House of Delegates.

5. Time and Place of Next Meeting:

The chair announced, the Council concurring,

that the next meeting would be held in Los Angeles on Saturday, March 14, 1959.

6. Time and Place of 1960 Annual Session:

It was agreed that the 1960 Annual Session be held at the Ambassador Hotel, Los Angeles, on March 13 to 16, 1960.

Adjournment:

There being no further business to come before it, the meeting was adjourned at 6:00 p.m.

DONALD D. LUM, M.D., Chairman JOHN HUNTON, Acting Secretary

-In Memoriam-

Downs, LAWRENCE E. Died February 18, 1959, aged 75, of heart disease. Graduate of University of Louisville School of Medicine, Kentucky, 1912. Licensed in California in 1921. Doctor Downs was a member of the Los Angeles County Medical Association.

ELLIOT, ROBERT EDWIN. Died January 17, 1959, aged 51. Graduate of Stritch School of Medicine of Loyola University, Chicago, Illinois, 1932. Licensed in California in 1948. Doctor Elliot was a member of the Los Angeles County Medical Association.

FAIRCHILD, FRED R. Died February 22, 1959, aged 83. Graduate of Cooper Medical College, San Francisco, 1902. Licensed in California in 1902. Doctor Fairchild was a life member of the Yolo County Medical Society.

FLUDE, JOHN M. Died February 9, 1959, aged 65. Graduate of Jefferson Medical College of Philadelphia, Pennsylvania, 1918. Licensed in California in 1938. Doctor Flude was a member of the Los Angeles County Medical Association.

Franklin, Earl Alexander. Died February 14, 1959, aged 63. Graduate of Jefferson Medical College of Philadelphia, Pennsylvania, in 1922. Licensed in California in 1942. Doctor Franklin was a member of the San Francisco Medical Society.

LA MONT, WYANT. Died February 7, 1959, aged 59. Graduate of Rush Medical College, Chicago, Illinois, 1925. Licensed in California in 1926. Doctor La Mont was a member of the Los Angeles County Medical Association.

LEYDA, PAUL L. JR. Died in Denver, Colorado, February 24, 1959, aged 35. Graduate of University of Colorado School of Medicine, Denver, 1946. Licensed in California in 1953. Doctor Leyda was a member of the Alameda-Contra Costa Medical Association.

Mead, Chester Ira. Died in Bakersfield, February 11, 1959, aged 58. Graduate of State University of Iowa College of Medicine, Iowa City, Iowa, 1931. Licensed in California in 1934. Doctor Mead was a member of the Kern County Medical Society.

REEDER, THOMAS PICKINS, JR. Died February 26, 1959, aged 47. Graduate of University of Texas Medical Branch, Galveston, Texas, 1936. Licensed in California in 1939. Doctor Reeder was a member of the Orange County Medical Association.

Scheffel, Alfred Garland. Died in Santa Monica, February 13, 1959, aged 45, of heart disease. Graduate of Northwestern University Medical School, Chicago, Illinois, 1937. Licensed in California in 1937. Doctor Scheffel was a member of the Los Angeles County Medical Association.